

ASSIGNED COUNSEL VOUCHER

CLIENT NAME: _____

Docket Number(s): _____

Disposing Court Location ☐ District Court
☐ Superior Court

Date of Assignment _____
 Justice/Judge Making Disposition _____
 Date of Disposition _____

Disposition: _____

TYPE OF CLIENT:

- ☐ Adult Defendant/Petitioner ☐ Protective Case – GAL ☐ Other
☐ Juvenile Defendant/Petitioner ☐ Protective Case – Parent
CHILD PROTECTION /MENTAL HEALTH CASES/JUVENILE:
☐ Child Protective (15 hrs/stage) ☐ Mental Health ☐ Juvenile (9 hrs)
 Term. Parental Rights (21 hrs)
 _____ Stage complete
 _____ Date stage completed

CRIMINAL CASES (Assumes Jury Trial, unless otherwise noted):

- ☐ Lawyer of the Day ☐ Murder (No Max Fee) ☐ Class D or E or Habitual Offender (12.5 hrs)
☐ Probation Violation (12.5 hrs) ☐ Class A (50 hrs) ☐ Class D or E—without jury (9 hrs)
☐ Post-Conviction Review (12.5 hrs) ☐ Class B or C—against person (37.5 hrs)
☐ Minimum Fee (2.5 hrs)

TOTAL HOURS

TOTAL EXPENSES

☐ THIS IS THE ONLY VOUCHER I AM SUBMITTING

_____ \$ _____

☐ THIS IS THE _____ VOUCHER I HAVE SUBMITTED

(Include backup/explanation)

I certify that payment has not been received, and that no payment or promise of payment has been requested or accepted from or on behalf of the above defendant(s) except as ordered by the court. The attached statement of time spent in preparation, in court, and on expenses is true and correct. I further certify that my billing is in accord with the applicable Administrative Order, and in particular that I have not billed for travel time or expenses to/from my home court(s) and that I have not double billed on my time.

Vendor Code # _____
 Check Payable To _____
 Complete Address _____

Name (print) _____
 Signature of Counsel _____
 Date submitted _____
 Re-submission? ☐ Yes ☐ No

ALL INFORMATION ABOVE THIS LINE MUST BE COMPLETED OR VOUCHER WILL BE RETURNED.

FOR COURT USE ONLY

Amt. reimburse. ordered \$ _____
 Counsel fees paid \$ _____
 Balance (if any) owed \$ _____

Attorney Fee \$ _____
 Related Expenses \$ _____
Total Due \$ _____

Court Date Stamp

Clerk Verification

Total Hours

(In Increments of .10 hrs)

APPROVED BY: _____

(Signature) ☐ Justice ☐ Judge ☐ Clerk _____ (Date)

Judge's notes area

AOC APPROVED FOR PAYMENT

Fund	Agency	Unit	Approp.	Object	(Date)
010	40A	9	012	4040	
TRANS	AGENCY	DOCUMENT	I.D #		
TYPE	CODE				
GAX	40A				